



## ASSOCIATE DEGREE IN NURSING (ADN) APPLICATION – PHASE TWO

**It is the responsibility of the applicant to complete all the requirements below prior to the application deadline to be considered for the Associate Degree Nursing program.**

STUDENT TO COMPLETE BELOW	DATE COMPLETED
1. Complete the <a href="#">Admissions Application to Chipola College</a> .	
2. Read the ADN Program Information Packet and watch the Nursing Information Session.	
3. Complete required prerequisite courses with a grade of “C” or better: BSC 2085, BSC 2085L, ENG1101, MAC 1105 (higher-level Math is acceptable, MAT1033 is not an acceptable substitution), Civics and PSY 2012. The cumulative GPA for these courses must be 2.75 or higher. <i>Courses currently in progress will not be accepted.</i>	
4. Complete SLS 1101 – Orientation if a first-time college student. Grade received in this course is not calculated in the prerequisite GPA.	
5. Verify that official Transcripts from ALL programs attended were received by Admissions. This includes high school, technical programs, colleges, and universities.	
6. Register and pay for TEAS exam. For information visit Chipola College Testing Center: <a href="https://www.chipola.edu/admissions/testing-center/teas/">https://www.chipola.edu/admissions/testing-center/teas/</a>	
7. Submit the Nursing Program Student Health Form completed by a licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), or Physician’s Assistant (PA).	
8. If you do not have proof of an immunization, you can get a titer to prove you have immunity. Submit proof of the following required immunizations using the attached Mandatory Immunizations Form: A. TDaP (Diphtheria, Tetanus and Pertussis) within last 10 years B. Hepatitis B Series or positive titer for immunity showing result numbers, or declination waiver form C. Varicella immunization x2 or positive titer for immunity showing IGg result numbers D. MMR immunization x2 or positive titer for immunity showing IGg result numbers E. Flu Vaccination (current year, September - May). F. Covid19 Immunization or Religious/Medical Exemption	
9. TB testing can be done one of two ways: A. Get a two-step PPD with the results put on the Mandatory Immunization & Titers Form. B. IGRA Blood test, must provide the lab results.	
10. CPR Card: must be BLS for Healthcare Providers from American Heart Association (AHA), American Red Cross, or American Safety & Health Institute (ASHI)	
11. Medical Release Form, signed, dated, and notarized	
12. Applicant Acknowledgment Form, signed and dated	

**Completion of the items on the checklist does not guarantee acceptance to the Associate Degree Nursing program. Selection process is competitive. Completion of the checklist is the applicant’s responsibility.**



1. PERSONAL INFORMATION

Name: \_\_\_\_\_ CC ID#: \_\_\_\_\_

Equal Opportunity Data: This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for admission.

Ethnicity:  Non-Hispanic/Latino  Hispanic/Latino

Race (Choose one or More):  White  Black  Asian  American Indian/Alaska Native
 Native Hawaiian or Islander  Choose Not to Specify

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_

Chipola College Email Address: \_\_\_\_\_@my.chipola.edu

NOTE: Letters, notification of acceptance/denial, and all information will be sent using the above address and your Chipola College Student Email. NO PERSONAL EMAILS WILL BE USED.

2. APPLICANT BACKGROUND Attach additional sheets, if necessary:

Have you attended a Nursing program/classes before? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, where and when? \_\_\_\_\_

What name(s) did you use when you received your nursing education? \_\_\_\_\_

Have you previously earned a grade of "D" or "F" in any nursing courses? \_\_\_\_\_ No \_\_\_\_\_ Yes

NOTE: Applicants who have twice earned a grade of "D" or "F" in ANY nursing course from ANY institution are ineligible for the nursing program.

### 3. Criminal History

1.  Yes  No Have you EVER been arrested for a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
2.  Yes  No Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
3.  Yes  No Have you EVER had any records sealed pursuant to section 943.059, F.S., or other states applicable statute?

**If you responded "No" to question 3, skip to question 4.**

- a.  Yes  No If "Yes" to 3, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?
  - b.  Yes  No If "Yes" to 3, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
  - c.  Yes  No If "Yes" to 3, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
  - d.  Yes  No If "Yes" to 3, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "Yes", please provide supporting documentation).
4.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?
    - a.  Yes  No If "Yes" to 4, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
  5.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

**Failure to disclose information in this section may result in a denial of your application.**

**If you answered "Yes" to any of the questions in the Criminal History Section, you are required to send the following items:**

- Self-Explanation describing in detail the circumstances surrounding each offense, including dates, city and state, charges and final results.
- Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.



#### 4. Health History

1.  Yes  No Do you have any condition that currently impairs your ability to practice nursing with reasonable skill and safety? Review the Functional Skills Required for Nursing in the Associate in Science Nursing Degree Information Packet, page 5.
2.  Yes  No Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice nursing with reasonable skill and safety?

**If you responded “Yes” to either of the questions, you are required to send the following items:**

- Please provide a letter from a licensed health practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.
- Self-explanation, explaining the medical condition(s), or occurrence(s), and current status.

#### 5. Academic/College Performance

Admission to the Chipola College ADN program is a competitive process. It is the applicant’s responsibility to make sure that official transcripts verifying **ALL** courses listed are on file with the Admissions Office.

**Directions: Points are awarded for the first or second attempts at a course. Additional attempts will not receive points. Withdrawals are counted as an attempt.** Identify college course(s) completed:

- A. **General/Related Education Courses:** Points will be awarded in the following manner: A – 3 points, B – 2 points, C – 1 point. Eligible transfer/equivalent courses may be considered.

Course Prefix	College Name	Grade	Points (Office Use Only)
ENC1101			
PSY2012			
Civics*			
Humanities Elective* Specify course: _____			
SLS 1101	Orientation <small>(Students with 12 hours of college credit do not have to take this course.)</small>		
<p><b>*AMH2020 or POS2041 are the only accepted Civics courses for this pre-requisite.</b></p> <p><b>*Humanities is a co-requisite and does not have to be completed before applying to the ADN program, though it is recommended.</b></p>			



**B. College Science and Math Courses:** Points will be awarded in the following manner: A – 8 points, B – 4 points, C – 1 point.

**C.**

Course Prefix	College Name	Grade	Points (Office Use Only)
BSC2085			
BSC2085L			
BSC2086*			
BSC2086L*			
MCB2010*			
MCB2010L*			
MAC1105 or higher *If using higher math, please specify:			
<p><b><i>*BSC2086, BSC2086L, MCB2010 and MCB2010L are co-requisites and do not have to be completed before applying to the ADN program, though it is recommended.</i></b></p> <p><b><i>* Applicants completing 50% or more of their academic coursework at Chipola College will receive five (5) additional points.</i></b></p>			

**D. Completion of Academic Degrees and/or Programs**

Applicants will be awarded points for completion of previous academic programs. Documentation **must be provided** to validate successful completion of each. Examples include Associate of Arts, Bachelor of Music, or Master of Science in Management. Points are awarded for one degree only.

**E. Test of Essential Academic Skills (TEAS V or ATI TEAS)**

Applicants will be awarded points based on their Adjusted Individual Total Score earned on the TEAS assessment. Official transcripts **must be** submitted to the Chipola College Testing Center in order to be accepted. **Online TEAS tests are not accepted, the TEAS must be taken at an accredited institution.**

Points will be awarded in the following manner:

TEAS Score	Points Awarded
90+	6
81-89	5
75-80	4
70-74	2
<69	0

**\*Note: Tests taken more than two (2) years prior to the application date will not be accepted.**

## 6. Licensure/Certification

Applicants who have previously completed licensure or certification for employment in the healthcare field will be awarded points based upon type of licensure/certification. Applicants **must provide** documentation of licensure/certification in order for points to be awarded. Failure to provide documentation will result in no points being awarded. Examples include, CNA, LPN, or Paramedic. Certification **must be** in a field that involves direct patient care.

***\*CPR cards do not count as licensure/certification. The CPR card will not be required as part of the application process but will be necessary after acceptance.***

## 7. Required Documents

All of the following documents must be submitted with the applications. Applications missing any one of the following will not be reviewed and the student will not be notified.

- A. Physical Exam – completely filled out and signed by the healthcare provider.
- B. Immunizations – completely filled out either with the current vaccination or titer as proof of immunity.
- C. Two-step PPD – included on the Immunization Form.
- D. CPR card
- E. COVID Vaccine or Exemption Form
- F. Release of Medical Records Form signed and notarized
- G. Applicants Acknowledgement Form, signed and dated

## Completion of Phase Two

- A. A Point System will be used to rank applicants in Phase Two. Only applicants who have been cleared for admission into Chipola College will be ranked for review. The Associate Degree Nursing Program Information Packet and the Information Session contain an explanation of the points.
- B. Applicants must have a 2.75 or greater GPA in pre-requisite courses at the time of the application submission in order to be considered for the program. Students who are currently enrolled in a pre-requisite course will not be considered for the program if the course is not completed before the application deadline.
- C. All documents must be completed for the application to be processed. Incomplete applications will not be processed.
- D. Letters confirming an applicant's status after point calculations will be emailed to the Chipola College (not Canvas) email address and mailed to the applicant at the address provided on this application. It is the applicant's responsibility to provide a correct mailing address. **Personal email, Canvas email, and addresses not updated in your student file at Chipola College will not be used. Chipola College email and mailing address are the only methods of communication confirming completion of Phase Two.**
- E. Letters of acceptance or denial will not be sent to students who submitted an incomplete application.

## Phase Three

Applicants who have been notified to proceed to Phase Three will be initially sent a link to CastleBranch, the document management system. Applicants must register and pay for CastleBranch before the remaining information is sent.

1. Due date to schedule your fingerprinting to conduct a criminal background screening.
2. Due date to complete the Alcohol and drug test, you receive the information to complete this once you register for CastleBranch.
3. Due date to upload the documents that you submitted with this application: physical examination, immunizations, PPD, CPR card, medical release form, and the applicant acknowledgment form to CastleBranch.
4. Due date to upload your health insurance card to CastleBranch.
5. Attend the nursing orientation the week before classes start.

It is the responsibility of the applicant to meet all deadline requirements of the items listed above.

### Completion of Phase Three

- After the deadline, the Nursing Admissions Committee will review the application, health information, CPR, required documents, results of alcohol/drug test, and results of the criminal background screening.
- Do not ask if your alcohol/drug test or criminal background will result acceptance or denial to the nursing program.
- The Nursing Admissions Committee will send out notification of final acceptance or denial to the nursing program through Chipola College email and postal email to your mailing address on file.



**APPLICATION REVIEW PROCESS FOR THE ASSOCIATE DEGREE NURSING PROGRAM**

*This form must be signed and turned in with your completed application.*

**PHASE I -General Admission Requirements**

- Completed the [Admissions Application to Chipola College](#).
- All official high school and college transcripts have been sent to the Admissions Office.
- Residency declaration has been requested and sent to Admissions Office.
- Applications for federal and state student aid and scholarships have been submitted, if applicable.
- Completed required prerequisite courses with a grade of "C" or better: BSC 2085, BSC 2085L, ENG1101, MAC 1105 (higher-level Math is acceptable, Math for Liberal Arts or Intermediate Algebra are not acceptable substitutions), Civics and PSY 2012.
- The cumulative GPA for the courses listed in number 3 is 2.75 or higher. Applications will be rejected if the **GPA is less than 2.75 or all prerequisite courses have not been completed.**

**PHASE II - Program Pre-Admission**

- Taken the TEAS at an accredited institution within the last two years and official results are on file at the Testing Center. **TEAS exams taken online will not be accepted.**
- Meets eligibility criteria determined by the [Florida Board of Nursing](#) (valid government ID, social security number).
- Read the Nursing Program Information Packet.
- Watched an Associate Degree Nursing Information Session.
- Physical Exam Form, completed and signed by a healthcare provider.
- Immunizations – all immunizations are current, any titers that have been drawn are included. **Titer results MUST have lab report and Immunization Records must be included in application.**
- Applicants must submit proof of current 2 step TB/PPD (2 individual TB tests completed within 1 – 3 weeks) or T-Spot TB test. **Proof of TB tests must be included.**
- Influenza Vaccine – all sections of this form have been filled out, Flu Vaccine is from current batch year (September to May).
- COVID-19 or Exemption Form** - Proof of vaccination or a religious or medical exemption must be provided.
- CPR Certification – BLS for healthcare providers from AHA, ASHO, or American Red Cross. Photocopy of the front & back of the CPR card must be attached to application.
- Medical Release Form signed and notarized.
- Applicants Acknowledgement form signed
- Photocopy of any certifications or license (i.e. CNA, EMT, LPN)
- Completed and signed application.

**PHASE III – Program Final Admission Steps**

- Background screening (information will be sent with Phase II acceptance)
- Register and pay for CastleBranch, upload all attached documents (health form, immunization form, etc.), and complete the urine drug screen.
- Upload proof of health insurance to CastleBranch

I understand that it is my responsibility to provide these documents as required and that they must be clear and legible. I understand that the deadlines listed are non-negotiable and failure to provide the documents when required can and will result in potential rejection or removal from the program. I certify that the application is complete and accurate to the best of my knowledge. I understand that the falsification of any information or documentation will result in the revocation of this application for consideration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date





### Applicant Acknowledgment

Please initial beside each statement and sign below.

- \_\_\_\_\_ I understand that it is my responsibility to ensure that all transcripts from all colleges I have attended have been received by the Admissions office.
- \_\_\_\_\_ I understand that failure to meet deadlines set by the Health Sciences department could affect my provisional acceptance and could result in my being dropped from the program.
- \_\_\_\_\_ I understand that it is my responsibility to ensure that all information provided on this application, including my address are up-to-date and correct and that if something changes, I must notify Chipola College and the Health Sciences Department.
- \_\_\_\_\_ I understand that failure to pass the alcohol and drug test will eliminate me from consideration for acceptance. I can reapply after 12-months. If I test positive a second time, I am ineligible to apply in the future.
- \_\_\_\_\_ I understand that I must meet the criminal background screening requirements as stated by the Florida Board of Nursing.
- \_\_\_\_\_ I understand that acceptance into the nursing program does not guarantee acceptance by the Florida Board of Nursing to take the NCLEX-RN examination and obtain a RN license.
- \_\_\_\_\_ I understand that any missing or incorrect information may eliminate me from consideration for acceptance.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The Completed Nursing Application can be emailed to [mayst@chipola.edu](mailto:mayst@chipola.edu) or turned in to Health Sciences, Building Q, Room 211 by the deadline.**